fiscal year about 1,500 cures have been effected. Adults who have suffered from trachoma for years and were dependent upon their friends or the county for support, some being inmates of the poorhouse, have been relieved, are no longer foci of infection, have taken their places in the community, and are earning a livelihood for themselves and family. Children unable to attend school because of the constant physical suffering and impaired vision are now securing the education which would have been impossible but for timely interference.

There is no lack of evidence that we have a great deal of trachoma in this country, and that it is a public health problem to be dealt with before the disease establishes foci everywhere.

As previously stated, trachoma often exists in a latent or dormant stage, and there is grave danger that recruits may be enlisted suffering with this disease unless the greatest care is exercised.

The eyelids of all soldiers and applicants for enlistment should in every instance be everted, the examination to include the retrotarsal fold, and the condition of the membranes noted in a space on the blank form reserved for this purpose. If the eyelids are not smooth and pink, if there is any redness or secretion, especially in the retrotarsal fold, such cases should be segregated for examination by those trained in the diagnosis of trachoma. An applicant who is found to be suffering with a well-marked trachoma, should not be immediately rejected, but should be given treatment and his trachoma cured. He can then be again examined to determine whether he has resulting visual defects sufficient to cause his rejection. In this way a case of contagious disease will be eliminated and probably a good soldier gained.

Any case of trachoma or suspected trachoma detected among soldiers or sailors should be immediately isolated under care and treatment until cured or until the suspected diagnosis is found to be in error.

POLIOMYELITIS IN JAPAN.

The following information regarding the occurrence of poliomyelitis in Japan has been furnished by the American consul general and was obtained through the courtesy of the Japanese authorities and medical men. While the data are essentially fragmentary, as is true for this disease in most countries, they show that poliomyelitis has been present in Japan and in a measure the degree of the prevalence.

Reports made to the section of pediatrics of the Fourth General Congress of the Japanese Medical Association give the following frag-

mentary information regarding the prevalence of poliomyelitis in Japan:

Fukuoka Prefecture.—During the period from 1904 to 1913, 243 cases of poliomyelitis were admitted to the pediatric clinic of the Imperial University. Most of the cases were of children of from 1 year to 2 years of age. The disease prevailed most severely during the month of May.

Kagawa Prefecture.—In 1913 a small epidemic occurred, chiefly affecting children.

Kumamoto Prefecture.—An epidemic of poliomyelitis with 28 reported cases occurred in 1912, the greatest prevalence being in May and June.

Kyoto Prefecture.—Since the year 1911 poliomyelitis has prevailed sporadically but on a small scale and within a restricted area. The greatest prevalence has been observed in June and July. Children of from 1 year to 2 years have been found most susceptible to the infection.

Kyushu Prefecture.—No severe epidemic has been reported.

Niigata Prefecture.—From March, 1912, to the close of 1913, 22 cases of poliomyelitis were treated at the Niigata Medical College. Most of these cases were in children between the ages of 1 year and 2 years. The greatest prevalence was during the period from April to August.

Okayama Prefecture.—In 1912 an outbreak of poliomyelitis occurred, the period of prevalence being the months of May and June. More than 500 children were attacked and a comparatively large number of cases occurred among adults.

Tokyo.—During the past 26 years 449 cases of poliomyelitis have been diagnosed at the Imperial University. The disease prevailed most severely during the months of June, July, and August, and among children between 1 year and 2 years of age.

In July and August, 1916, five cases of poliomyelitis were notified in Japanese and foreign children at the summer resort of Karuizawa.

EXPERIMENTAL TYPHUS FEVER IN GUINEA PIGS.

A DESCRIPTION OF A SCROTAL LESION IN GUINEA PIGS INFECTED WITH MEXICAN TYPHUS.

By M. H. NEILL, Passed Assistant Surgeon, United States Public Health Service.

It is well known that the intraperitoneal inoculation of guinea pigs, with 2 to 4 cc. of blood containing the virus of typhus fever, is followed by a rather characteristic elevation of temperature which will be observed about 10 days subsequently. Not many descriptions of pathological changes as a result of the above procedure have